

STATE OF CALIFORNIA
DEPARTMENT OF PUBLIC HEALTH

IN RE: **COTTAGES AT TENAYA LODGE**
Water System No. 2203024

TO: Mr. Paul Ratchford, Interim General Manager
Cottages at Tenaya Lodge
P.O. Box 159
Fish Camp, CA 93623

CC: Mariposa County Environmental Health Department
Mike Mellana, Director of Operations (same address)
Scott Foster, Chief Operator (same address)

CITATION FOR NONCOMPLIANCE
TOTAL COLIFORM MAXIMUM CONTAMINANT LEVEL VIOLATION
July 2013

Issued on August 6, 2013

Section 116650, Chapter 4, Part 12, Division 104 of the California Health and Safety Code (CHSC), authorizes the issuance of a citation for failure to comply with a requirement of the California Safe Drinking Water Act, or any regulation, standard, permit, or order issued thereunder.

VIOLATION

The Drinking Water Field Operations Branch of the California Department of Public Health (hereinafter 'Department') hereby issues a Citation to the Cottages at Tenaya Lodge (hereinafter 'Cottages'), for failure to comply with Section 116555(a)(1) of the CHSC and

1 Section 64426.1(b)(2) of Title 22, California Code of Regulations (CCR). Specifically, the
2 City (mailing address: P. O. Box 158, Fish Camp, CA 93623) failed to comply with the
3 total coliform Maximum Contaminant Level (MCL) for the month of July 2013.

4
5 Section 64426.1(b)(2) specifies that a public water system collecting fewer than forty
6 samples per month is in violation of the total coliform MCL when more than one sample
7 collected during any month is total coliform-positive.

8
9 The Cottages is required to collect a minimum of one distribution system bacteriological
10 samples per month. The monthly distribution system sample collected on July 23, 2013,
11 tested positive for total coliform bacteria. The sample was negative for E.coli bacteria.
12 Three repeat samples were collected on July 24, 2013. All three samples were positive for
13 total coliform bacteria. The samples were negative for E.coli bacteria. The correct number
14 of repeat samples was not collected. The Cottages issued a precautionary Do Not Drink
15 Notice to the affected customers and employees on July 24, 2013. The Notice was
16 rescinded on July 25, 2013. The Cottages began emergency chlorination of the distribution
17 system on July 24, 2013 and discontinued it on August 2, 2013. The Cottages collected 5
18 routine samples on August 2, 2013. All 5 samples were negative for coliform bacteria. Due
19 to the four total coliform positive samples collected in a month, the Cottages failed the Total
20 Coliform Rule for July 2013. A summary of the samples collected in July 2013 is included
21 in Attachment A.

22
23 The cause of the contamination is thought to be from an improperly disinfected repair on a
24 backflow device. The Cottages collected source samples on July 23 and July 25, 2013. The
25 source samples were all negative for coliform bacteria.

26
27 The above violation is classified as a non-continuing violation.

NOTIFICATION REQUIREMENTS

Section 64426.1(c) requires a public water system to notify the Department and the consumers of the water system, when a violation of Section 64426.1(b) (1) through (4) occurs. Notification to the Department shall be by the end of the business day on which the violation has been determined. If the Department is closed, notification shall be within 24 hours of the determination. The Department was notified on July 25, 2013, in accordance with the above-referenced section.

A Tier 2 Public Notice for violations of paragraphs 64426.1(b) (2) shall be given pursuant to Sections 64463.4 and 64465. The Tier 2 Public Notice shall include the mandatory health effects language from Appendix 64465-A for a total coliform MCL failure.

Section 64463.4 allows non-community water systems to notify customers/consumers of the TCR MCL violation by posting a Tier 2 notice in conspicuous locations throughout the area served by the water system and the use of one or more of the following methods to notify persons not likely reached by posting: publication in a daily or weekly newspaper or newsletter distributed to customers, email message to employees or students, posting on the Internet or intranet, or direct delivery to each customer. The Tier 2 notification methods are included in Attachment A along with instructions on completing the public notice.

Proof of notification is required. The Cottages shall complete Attachment C and return it to the Department by **August 31, 2013**.

DIRECTIVES

The Cottages at Tenaya Lodge is hereby directed to take the following actions:

1. By **August 23, 2013**, the Cottages shall provide public notification of the total coliform Maximum Contaminant Level failure by posting the public notice in conspicuous public places within the water system and on the internet (see Attachment B).
2. By **August 31, 2013**, the Cottages shall provide proof of posting the public notice in conspicuous public places within the water system and on the internet of the total coliform MCL violation notification to each consumer using Attachment C.
3. By **August 31, 2013**, the Cottages shall prepare and submit an incident report. The information contained in the report should detail the events leading to the coliform positive sample as well as corrective actions made since the coliform positive sample was collected.
4. The Cottages shall reimburse the Department, in accordance with an invoice that shall be provided to the Cottages, the costs for enforcement activities, and such reimbursement shall be made prior to September 1 of the fiscal year following the fiscal year in which such costs are incurred as described in CHSC Section 116577(a)(1-2) and 116577(b).
5. By **August 16, 2013**, the Cottages shall submit a written response to the Department acknowledging that it has received this citation and will comply with all the directives listed herein.

1
2 6. All items requested by this Citation shall be submitted to:

3 Carl L. Carlucci, P.E.
4 Supervising Sanitary Engineer
5 California Department of Public Health
6 Drinking Water Field Operations Branch
7 265 W. Bullard Avenue, Suite 101
8 Fresno, CA 93704

9
10 **FURTHER ENFORCEMENT ACTIONS**

11 Section 116270, Division 104, Part 12, Chapter 4 of the CHSC authorizes the Department
12 to: issue additional citations with assessment of penalties if the public water system
13 continues to fail to correct a violation identified in a citation; take action to suspend or
14 revoke a permit that has been issued to a public water system if the system has violated
15 applicable laws or regulations or has failed to comply with orders of the Department; and
16 petition the superior court to take various enforcement measures against a public water
17 system that has failed to comply with orders of the Department. The Department does not
18 waive any further enforcement action by issuance of this citation.

19
20 **PARTIES BOUND**

21 This citation shall apply to and be binding upon Cottages at Tenaya Lodge, its officers,
22 directors, agents, employees, contractors, successors, and assignees.

23
24 **SEVERABILITY**

25 The directives of this citation are severable, and Cottages at Tenaya Lodge shall comply
26 with each and every provision thereof, notwithstanding the effectiveness of any other
27 provision.


CIVIL PENALTY

Section 116650, subsection (d) and (e) of the CHSC allow for the assessment of a civil penalty for the failure to comply with the requirements of the Safe Drinking Water Act. Failure to comply with any Directive of this Citation may result in the Department imposing an administrative penalty of not less than \$200 (two hundred dollars) for each day that the violation continues beyond the date set for correction in this Citation.

The Department does not waive any further enforcement action by issuance of this citation, and expressly reserves the right to issue a citation with penalties for the violations on which the Directives of this citation are based.

Date

8-6-2013


 Carl L. Carlucci, P.E.
 Supervising Sanitary Engineer, Region 3
 Southern California Branch
 DRINKING WATER FIELD OPERATIONS BRANCH

Attachments:

Attachment A: Summary of Bacteriological Samples collected in July 2013
 Attachment B: Tier 2 Public Notification
 Attachment C: Proof of Notification
 Attachment D: Positive Total Coliform Investigation form

CLC/mrw/2203024/Cit 03-11-13C-006-2203024-22.doc



Bacteriological Distribution Monitoring Report

2203024 Cottages at Tenaya
Distribution System Freq: 1/M

Sample Date	Location	T Coli	E Coli	F Coli	HPC	Type	Cl2	Violation	Comment
7/23/2013	2-Rou	P	A		16	Routine			
7/24/2013	Rep 1	P	A		14	Repeat		MCL	Cit 03-11-13C-006
7/24/2013	Rep 2	P	A		31	Repeat			
7/24/2013	Rep 3	P	A		11	Repeat			
7/25/2013	Well 1	<1.1		<1.1	3.0	Source R			GWR satisfied
8/2/2013	5 samples	A	A		1.0-69	Routine			

Violation Key

MCL	Exceeds the maximum contaminant level	MR4	Did not collect 5 routine samples for previous month's positive sample
MR1	No monthly sample for the report month	MR5	Incorrect number of repeat samples as follow-up to a positive sample
MR2	No quarterly sample for the report month	MR6	No source sample
MR3	Incorrect number of routine samples for the report month	MR7	No summary report submitted
		MR8	Other comments and/or info.

Instructions for Tier 2 Resolved Total Coliform Notice Template

Template Attached

Since exceeding the total coliform bacteria maximum contaminant level is a Tier 2 violation, you must provide public notice to persons served as soon as practical but within 30 days after you learn of the violation [California Code of Regulations, Title 22, Chapter 15, Section 64463.4(b)]. **Each water system required to give public notice must submit the notice to the Department for approval prior to distribution or posting, unless otherwise directed by the Department [64463(b)].**

Notification Methods

You must use the methods summarized in the table below to deliver the notice to consumers. If you mail, post, or hand deliver, print your notice on letterhead, if available.

<i>If You Are a...</i>	<i>You Must Notify Consumers by...</i>	<i>...and By One or More of the Following Methods to Reach Persons Not Likely to be Reached by the Previous Method...</i>
Community Water System [64463.4(c)(1)]	Mail or direct delivery ^(a)	Publication in a local newspaper
		Posting ^(b) in public places served by the water system or on the Internet
		Delivery to community organizations
Non-Community Water System [64463.4(c)(2)]	Posting in conspicuous locations throughout the area served by the water system ^(b)	Publication in a local newspaper or newsletter distributed to customers
		Email message to employees or students
		Posting ^(b) on the Internet or intranet
		Direct delivery to each customer

(a) Notice must be distributed to each customer receiving a bill including those that provide their drinking water to others (e.g., schools or school systems, apartment building owners, or large private employers), and other service connections to which water is delivered by the water system.

(b) Notice must be posted in place for as long as the violation or occurrence continues, but in no case less than seven days.

The notice attached is appropriate for the methods described above. However, you may wish to modify it before using it for posting. If you do, you must still include all the required elements and leave the health effects and notification language in italics unchanged. This language is mandatory [64465].

Multilingual Requirement

Spanish. Each public notice must contain information in Spanish regarding (1) the importance of the notice or (2) contain a telephone number or address where Spanish-speaking residents may contact the water system to obtain a translated copy of the public notice or assistance in Spanish.

Non-English Speaking Groups Other than Spanish-Speaking. For each group that exceeds 1,000 residents or 10% of the residents in the community served, whichever is less, the public notice must (1) contain information in the appropriate language(s) regarding the importance of the notice or (2) contain a telephone number or address where such residents may contact the water system to obtain a translated copy of the notice or assistance in the appropriate language.

Population Served

Make sure it is clear who is served by your water system -- you may need to list the areas you serve.

Description of the Violation

Make sure that the notice is clear about the fact that the coliform problem has been resolved, and there is no current cause for concern. The description of the violation and the MCL vary depending on the number of samples you take. The following table should help you complete the second paragraph of the template.

<u>If You Take Fewer Than 40 Samples a Month</u>	<u>If You Take 40 or More Samples a Month</u>
State the number of samples testing positive for coliform. The standard is that no more than one sample per month may be positive.	State the percentage of samples testing positive for coliform. The standard is that no more than 5.0 percent of samples may test positive each month.

Corrective Action

In your notice, describe corrective actions you have taken. Listed below are some steps commonly taken by water systems with total coliform violations. Use one or more of the following actions, if appropriate, or develop your own:

- "We have increased sampling for coliform bacteria to catch the problem early if it recurs."
- "The well and/or distribution system has been disinfected and additional samples do not show presence of coliform bacteria."

After Issuing the Notice

Send a copy of each type of notice and a certification that you have met all the public notice requirements to the Department within ten days after you issue the notice [64469(d)].

It is recommended that you notify health professionals in the area of the violation. People may call their doctors with questions about how the violation may affect their health, and the doctors should have the information they need to respond appropriately.

IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

The Cottages at Tenaya Lodge Has Levels of Coliform Bacteria Above the Drinking Water Standard

Our water system recently violated a drinking water standard. Although this is not an emergency, as our customers, you have a right to know what you should do, what happened, and what we did to correct this situation.

We routinely monitor for drinking water contaminants. We took 10 samples to test for the presence of coliform bacteria during July 2013. Four of our samples showed the presence of total coliform bacteria. The standard is that no more than one sample per month may do so.

What should I do?

- **You do not need to boil your water or take other corrective actions.**
- This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*
- Usually, coliforms are a sign that there could be a problem with the system's treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing to see if other bacteria of greater concern, such as fecal coliform or *E. coli*, are present. **We did not find any of these bacteria in our subsequent testing, and further testing shows that this problem has been resolved.**
- People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from U.S. EPA's Safe Drinking Water Hotline at 1(800) 426-4791.
- If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What happened? What was done?

[Describe corrective action].

For more information, please contact [name of contact] at [phone number] or [mailing address].

Please share this information with all the other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this public notice in a public place or distributing copies by hand or mail.

Secondary Notification Requirements

Upon receipt of notification from a person operating a public water system, the following notification must be given within 10 days [Health and Safety Code Section 116450(g)]:

- **SCHOOLS:** Must notify school employees, students, and parents (if the students are minors).
- **RESIDENTIAL RENTAL PROPERTY OWNERS OR MANAGERS** (including nursing homes and care facilities): Must notify tenants.
- **BUSINESS PROPERTY OWNERS, MANAGERS, OR OPERATORS:** Must notify employees of businesses located on the property.

This notice is being sent to you by the Cottages at Tenaya Lodge.

State Water System ID#: 2203024. Date distributed: _____.



RON CHAPMAN, MD, MPH
Director & State Health Officer

State of California—Health and Human Services Agency
California Department of Public Health



EDMUND G. BROWN JR.
Governor

PROOF OF NOTIFICATION

(Return with copy of notice)

As required by Section 116450 of the California Health and Safety Code, I notified all users of water supplied by the **Cottages at Tenaya Lodge** of the failure to meet the **Total Coliform Rule Maximum Contaminant Level (MCL)** requirement for July 2013 as directed by the Department.

Notification was made on _____ by
(date)
hand delivering / mailing / posting / publishing the written
notice.
(circle all that apply)

Signature of Water System Representative

Date

DISCLOSURE: Be advised that Section 116725 and 116730 of the California Health and Safety Code state that any person who knowingly makes any false statement on any report or document submitted for the purpose of compliance with the attached order may be liable for a civil penalty not to exceed five thousand dollars (\$5,000) for separate violation for each day that violation continues. In addition, the violators may be prosecuted in criminal court and upon conviction, be punished by a fine of not more than \$25,000 for each day of violation, or be imprisoned in the county jail not to exceed one year, or by both the fine and imprisonment.

Due: August 31, 2013
TCR MCL Violation
System Number: 2203024
Citation No.: 03-11-13C-006

POSITIVE TOTAL COLIFORM INVESTIGATION **Simple Well with Pressure Tank Systems**

Attachment D

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

PWS Name:		PWSID NUMBER:	
Name		Address	
Operator in Responsible Charge (ORC)		Telephone #	
Person that collected TC samples if different than ORC			
Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	WELL	WELL	WELL	WELL	COMMENTS
	()	()	()	()	
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross-connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often do you take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					

DISTRIBUTION SYSTEM

SYSTEM RESPONSES

1. What is the minimum pressure you are maintaining in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to experiencing the TCR positive finding.	

POSITIVE TOTAL COLIFORM INVESTIGATION

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DISTRIBUTION SYSTEM	SYSTEM RESPONSES
3. Has the distribution system been worked on within the last week? (service taps, hydrant flushing, main breaks, main extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Did you inspect your distribution system to check for mainline leaks? Do you or did you have a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross connection control program?	
10. What is name and phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure ?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and area around the sample tap clean and dry (free of animal droppings, other contaminants or spray irrigation systems)				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.)				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, sunny).				

POSITIVE TOTAL COLIFORM INVESTIGATION

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GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, did you receive any complaints of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness if you received complaints about customers being sick?	

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: _____ TITLE: _____ DATE: _____